



# Release of Information

5/2023

**Releasing and Obtaining Information.** In general, Nebraska VR will only release information about me according to my written consent below. However, VR will release information *without my consent*, according to federal regulations, in response to a court order, or if a law, the need to protect me or others, or an investigation for law enforcement, fraud, or abuse requires release. VR will only use this release to obtain information that is necessary and relevant to my vocational rehabilitation process.

**Organizations and Individuals.** VR has permission to exchange (release and receive) information about me with the following organizations or individuals:

Employers (past, current, prospective)  
Disability Determinations Section  
Nebraska Department of Correctional Services  
Nebraska Board of Parole/Probation Supervision  
Social Security Administration  
Post-secondary institutions \_\_\_\_\_  
Nebraska Worker's Compensation Court  
Employment Networks  
Nebraska Workforce Development System  
Physicians, psychologists, licensed medical providers hospitals  
or treatment centers that have treated or will treat me:

Third Party Employment and Income Verification  
Veterans Administration  
Secondary schools \_\_\_\_\_  
Assistive Technology Partnership (ATP)  
NE Department of Health and Human Services  
Educational Service Units  
Career Pathway Advancement Project (CPAP)  
Others (including family members):

\_\_\_\_\_  
Student Financial Aid and Disability Services Offices at

\_\_\_\_\_  
Community Rehabilitation Programs, Centers for Independent Living or  
other entities or persons that provide or will provide services to me  
under a written agreement with VR:  
\_\_\_\_\_

List any programs or persons you do not want us to share information with.

**Types of Information.** VR has permission to exchange (release and receive) the following information about me:

Information on my Application  
Vocational tests, assessment scores and/or analysis  
Medical or psychological records including narrative reports  
School grades, transcripts, test results, progress reports,  
Safety Plan, Behavioral Intervention Plan, and  
Functional Behavioral Assessment  
Information about my service goals, services provided,  
progress, and eligibility for financial aid  
School Multidisciplinary Evaluation Team verification and  
individual education program (IEP) records

Drug or alcohol treatment records (including AIDS/HIV)  
Information about receipt of public or private benefits  
Hospital exams and summaries  
Training information  
Employment information and records  
Psychological testing records including psychometric test scores  
Verification of work hours, earnings/benefits  
Other information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any types of information you do not want us to share.

**Consent to Release and Exchange Information:** I authorize the use of this Information Release, or a photocopy or fax of it, to obtain information and to release or exchange the information listed from organizations, agencies, entities or persons listed. I understand I may revoke all or part of this consent at any time by providing a written notice to VR. In any event, my authorization will end on the day I cease to be an applicant for, or recipient of, services from Nebraska VR. I understand the information disclosed by this authorization may be subject to re-disclosure by the recipient and no longer protected by federal privacy laws or regulations except for federal and state privacy laws and regulations concerning release of personal information of applicants for and eligible individuals receiving rehabilitation services. I understand if I am on the Nebraska Sex Offender Registry this information will be disclosed by VR to potential employers for the purpose of obtaining suitable employment. I understand that if the information in my health record includes information relating to behavioral or mental health services, treatment for alcohol and/or drug abuse, sexually transmitted disease, Hepatitis B or C testing, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV), I agree to its release.

Individual (Print Name)	Date of Birth	Social Security Number XXX - XX -
Individual (Signature) X		Date
Authorized Representative (Signature) X		Date